2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P97000074229 Sep 13, 2000 8:00 am 1. Entity Name Secretary of State M & M WINDSHIELD REPAIR, INC. 09-13-2000 90052 049 ***550.00 Principal Place of Business Mailing Address 4516-DEL-SOL-BOULEVARD 4516 DEL SOL BOULEVARD SARASOTA FL 34243 <u>的影響。在在發展的作品的自己的影響的發展的影響之為大大大大大大大</u> 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0777287 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent-----Name AMERILAWYEB CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE COBAL GABLES 5L 33134 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change KATZENBERGER, MARTIN F. NAME NAME STREET ADDRESS STREET ADDRESS 4516 DEL SOL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change Change ☐ Addition ☐ Delete TITLE TITLE KATZENBERGER, MARTIN F NAME NAME STREET ADDRESS STREET ADDRESS 4516 DEL SOL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition ·VPS... --- ----☐ Change TITLE Defete TITLE KATZENBERGER, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 4516 DEL SOL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition ☐ Change TITLE ☐ Delete TITLE KATZENBERGER, MARK B. NAME NAME 4516 DEL SOL BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

9/12/00 Date